

KENTUCKY BOARD OF HOME INSPECTORS

P.O. Box 1360, Frankfort, Kentucky 40602 <u>or</u> 911 Leawood Drive, Frankfort, Kentucky 40601 (502) 564-3296 http://bhi.ky.gov KBHI-6

APPLICATION FOR LICENSURE REINSTATEMENT

INSTRUCTIONS

- 1. Type or print legibly and complete this application in its entirety.
- 2. All supporting material shall be submitted with a nonrefundable renewal fee of \$250 per year for each year of licensure and a nonrefundable late fee of \$500.00 and shall be paid by check or money order, made payable to the **Kentucky State Treasurer**.
- 3. Reference and comply with KRS 198B.722 and 815 KAR 6:010, Section 4.
- 4. Photo required passport quality, color, 2-inch x 2-inch. Do *not* staple or adhere to the application.
- 5. This completed application may be submitted to the Kentucky Board of Home Inspectors either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

| APPLICANT INFORMATION | | | | | | |
|--|--------------------|----------------|-----------------------|--|--|--|
| Last Name First | t Name Middle Init | tial S | ocial Security Number | | | |
| Current Address | | | | | | |
| Cullent Address | | | | | | |
| City | County | State | Zip Code | | | |
| Business Name | | | | | | |
| Business Address (street, city, zip code) | | | | | | |
| Work Telephone No. | Home Telephone No. | Cell Teleph | one No. | | | |
| Email Address | | License Number | | | | |
| In the last 5 years, have you lived in any state other than Kentucky? | | | | | | |
| ☐ Yes ☐ No | | | | | | |
| If yes, submit a background check from <u>each</u> state where you have resided in the past 5 years. | | | | | | |

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Course Name

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Each licensee shall obtain a minimum of 14 hours per year, or 28 hours for a two year licensure renewal, including the following:

- 1. Two (2) hours of manufactured housing (per 2-year license cycle) required in person, *not* online.
- 2. Three (3) hours of Kentucky laws and regulations (per 2-year license cycle) required in person, *not* online.
- 3. Three (3) hours of report writing (per 2-year license cycle) required in person, not online.

Provider Name and Number

4. Other Board-approved courses, as needed, to fulfill the required amount of education hours for your licensure period.

Please list your continuing education hours obtained below. Submit copies of your certificates of completion with your application.

Dates of Course

| | T 4 1051 | | | | | | |
|--|----------------|----------------|-----------------------|---------------------|--------------|--|--|
| Total CE hours earned within the licensure period: | | | | | | | |
| OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT | | | | | | | |
| | | | | | | | |
| Do you hold, or have you ever held, a license/certificate/registration/permit to practice or perform any regulated profession by a state or local licensing board? | | | | | | | |
| profession by a state of local meetising board: | | | | | | | |
| Yes No (If yes, list all state or local licenses below, including Kentucky) | | | | | | | |
| Type of License/Certificate/Regist | ration/Permit | State/Local | License Number | Date Issued | Status | | |
| 1. | | Otato/Local | License Humber | Date 1994ed | Otatus | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| | | | | | | | |
| 5. | | | | | | | |
| Please check the following and if your answer is yes, provide complete details on separate paper: | | | | | | | |
| 1. Has disciplinary action eve | r been taken r | egarding any l | icense, registration, | certificate, or per | mit that you | | |
| hold or have held? Yes No | | | | | | | |
| 2. Have you ever been convicted of, plead guilty under the Alford plea or nolo contender to any | | | | | | | |
| misdemeanor or felony? Yes No | | | | | | | |

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Hours Earned



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| CERTIFICATE OF INSURANCE | | | | | | | | |
|---|--|----------------|--------------------------------|---------------------|--|--|--|--|
| NOTE: Attach an original copy of certificate of insurance | | | | | | | | |
| Name of Insurance Provider: | | | | | | | | |
| Telephone Number: Policy Number: | | | | | | | | |
| | | | | | | | | |
| | STANDARDS OF PRACTICE | | | | | | | |
| | ☐ I will use the most current edition of the selected standard of practice to perform home inspections. | | | | | | | |
| ☐ American Society of Hom ☐ National Association of H | • | | | | | | | |
| | of Certified Home Inspec | tors (InterNA | CHI) | | | | | |
| Intel National Association | Tor Octanica Florite Inspec | tors (interrar | O(11) | | | | | |
| | HOME INSPEC | TION REPO | ORT | | | | | |
| NOTE: A complete home inspe | ction report that has been | performed w | rithin the last twelve (12) | months is required. | | | | |
| | a complete home inspect | | | | | | | |
| Client Name | Property Address | | Client Phone No. | Date of Inspection | | | | |
| | | | | | | | | |
| REQUIRED SUPPORTING MATERIAL | | | | | | | | |
| Copies of completion complet | ertificates from Board app | | | | | | | |
| | Certificate of Insurance which documents liability coverage of at least Two Hundred Fifty Thousand | | | | | | | |
| | Dollars (\$250,000), and lists the certificate holder as the Kentucky Board of Home Inspectors, 911 Leawood Drive Frankfort, KY 40601. | | | | | | | |
| Kentucky State Police Current Kentucky r | | Cantualay Sta | ata Dalias Daakarayad a | sh o alc | | | | |
| Current Kentucky residents submit a recent Kentucky State Police Background check. Out-of-state residents submit a criminal background check from the state in which you live AND a | | | | | | | | |
| | recent Kentucky State Police Background check. | | | | | | | |
| All applicants submit a background check from <u>each</u> state where you have resided in the past 5 years AND a recent Kentucky State Police Background check. | | | | | | | | |
| Photo required – passport quality, color, 2-inch x 2-inch. Do not staple or adhere to the application. | | | | | | | | |
| Copy of a complete home inspection report that has been performed within the last twelve (12) months. | | | | | | | | |
| APPLICANT AFFIRMATION | | | | | | | | |
| (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education | | | | | | | | |
| Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Home Inspector License at this time. | | | | | | | | |
| I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct. That all required documentation is attached. I further authorize the Kentucky Board of | | | | | | | | |
| Home Inspectors to investigate and confirm the information submitted in this application. | | | | | | | | |
| Signature of Applicant | | | Date | | | | | |

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